

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Angelbrook Senior Living, LLC /Patti Gray, RND-Board Certified	LICENSE NUMBER 751622
--	---------------------------------

NOTE: The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

Table of Contents

[About the Home](#)

[Personal Care](#)

[Medication Services](#)

[Skilled Nursing Services and Nursing Delegation](#)

[Specialty Care Designations](#)

[Staffing](#)

[Cultural or Language Access](#)

[Medicaid](#)

[Activities](#)

About the Home

1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.

Angelbrook Senior Living is owned & operated by Patti Gray, R.N. Patti is Board Certified in Gerontology with over 30 years experience. A custom-built adult family home, Angelbrook is very open & spacious. Each resident has a beautiful private room,view & private bathroom. 24 hour awake staff provide freshly prepared, delicious food. Our goals include helping each resident feel safe, special & comfortable. Angelbrook's dog, James, gives each resident individual attention & love.

2. INITIAL LICENSING DATE

03/01/2010

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

**Felida Lodge Senior Living, 1104 NW 109th Street, Vancouver, WA 98685
(current)**

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

N/A

5. OWNERSHIP

- ☐ Sole proprietor
- ☒ Limited Liability Corporation
- ☐ Co-owned by:
- ☐ Other:

Personal Care

“Personal care services” means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident’s needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING

If needed, the home may provide assistance with eating as follows:

All levels of eating assistance levels, from cueing and monitoring to total assistance, are accommodated including tube feedings and enteral pumps. We provide therapeutic diets, diabetic diets, and mechanically altered diets.

2. TOILETING

If needed, the home may provide assistance with toileting as follows:

All levels of toileting assistance including cueing, assisting and managing incontinence of bowel and bladder, catheter care and ostomy care.

3. WALKING

If needed, the home may provide assistance with walking as follows:

Can assist with walking using assistive devices, wheelchair, stand-by assistance for safety, and cueing, monitoring and physical therapy exercises. We are unable to accommodate motorized wheelchairs or scooters.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

Able to accommodate one person transfers including gait belt, hoist lift and sit to stand lift transfers

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

All levels of positioning assistance can be provided so long as one person assistance is sufficient

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

All necessary hygiene including brushing hair/teeth, denture care, skin care, incontinence care, shaving fingernail care and assistance with glasses and/or hearing aides

7. DRESSING

If needed, the home may provide assistance with dressing as follows:

All levels of dressing assistance can be provided including encouragement, cueing, monitoring, partial and total assistance

8. BATHING

If needed, the home may provide assistance with bathing as follows:

All levels of bathing assistance can be provided including getting in/out of rolling shower, partial to total assistance with showering. Bed baths are provided if needed.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Hair stylist/barber, massage therapy & professional foot care services available on site for additional fee.

Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

All types of medication assistance are provided up to and including administration of medications that are nurse delegated including insulin, lovenox injections, suppositories, eye drops, oxygen, nebulizer, inhaler, nasal drops or sprays, gastrostomy feedings and ostomy/colostomy care.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We provide daily mgmt. of pain, non-sterile dressing changes, monitor vital signs and oxygen levels.

Skilled Nursing Services and Nurse Delegation

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services:

Nurse oversight and nurse delegation

The home has the ability to provide the following skilled nursing services by delegation:

Medication administration, wound care, insulin and lovenox injections, tube feedings and ostomy care

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Owned and operated by Registered Nurse, Board Certified in Geriatrics

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- ☐ Developmental disabilities
- ☒ Mental illness
- ☒ Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

We also have training in end of life care, hospice and palliative care.

Staffing

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

- ☐ The provider lives in the home.
- ☐ A resident manager lives in the home and is responsible for the care and services of each resident at all times.
- ☒ The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

- ☒ Registered nurse, days and times: **On Call 24/7 and in the home 2-5 times per week depending on need**
- ☐ Licensed practical nurse, days and times: _____
- ☒ Certified nursing assistant or long term care workers, days and times: **24/7 caregivers with a minimum of one caregiver per shift. Two caregivers are on duty in the morning to assist with the morning routine.**
- ☒ Awake staff at night
- ☒ Other: **Dementia, Mental Health, First Aide, CPR, Nurse Delegation & Diabetes training. Extensive pre-hire screening includes drug testing and FBI fingerprint background checks.**

ADDITIONAL COMMENTS REGARDING STAFFING

Our team performs every task with respect, caring and commitment. Our care is resident-centered.

Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)

The home is particularly focused on residents with the following background and/or languages:

We respect all cultural, ethnic and religious background. Angelbrook is an English-speaking home.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Angelbrook celebrates traditional American holidays and Birthdays.

Medicaid

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

☒ The home is a private pay facility and does not accept Medicaid payments.

☐ The home will accept Medicaid payments under the following conditions:

ADDITIONAL COMMENTS REGARDING MEDICAID

Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

Activities are based on individual resident interests. Daily current events, movement activities and exercise, snacks, love and laughter. Twice weekly piano concerts take place. Music therapy, aromatherapy, spa and manicure day, holiday celebrations, baking, massage therapy, Seahawk and Mariner games, watching movies, painting bird houses, watching for hummingbirds and squirrels are just some of the activities we enjoy. Our goal is to create moments of joy for all residents and families.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Dancing with the Stars, Wheel of Fortune and Jeopardy are house favorites